

P03000069640

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

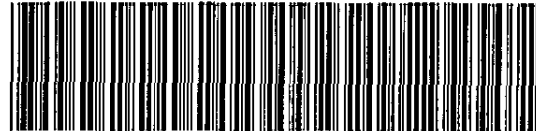
(Business Entity Name)

(Document Number)

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CLERK OF STATE
TALLAHASSEE, FLORIDA

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11-1-05

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: LEGACY ONE MORTGAGES AND INVESTMENTS, INC
(Name of Corporation)

DOCUMENT NUMBER: P03000069640

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

DAVID JOHNSON
(Name of Person)

LEGACY ONE MORTGAGES AND INVESTMENTS, INC
(Name of Firm/Company)

8010 N. ATLANTIC AVENUE, SUITE #9
(Address)

CAPE CANAVERAL, FL 32920
(City/State and Zip Code)

For further information concerning this matter, please call:

DAVID JOHNSON at (321) - 799-1322
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address:

Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314


**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, HANS ANDERSON, hereby resign as DIRECTOR
(Title)

of LEGACY ONE MORTGAGES AND INVESTMENTS, INC
(Name of Corporation)

P03000069640, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA


(Signature of resigning officer/director)

FILED
05 NOV - 1 PM 2:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314